

COASTLINE COMMUNITY COLLEGE Foundation Office

Scholarship Reimbursement Request

Student Inforn	nation			
			C	
Last Name	First Na	me MI	CCC ID #	Social Security # (Required)
Street Address (please print)*			() Telephone Number (cell preferred)	
Street Address	(piease print)*		reiephone Numi	Der (cell preferred)
City	State	Zip Code	E-mail Address	
	eimbursement I			
0	ees Reimbursen			
				Total Amount Paid \$
Parking Permit	Reimbursement:	: Yes Amount Pa	id \$	
Darley Cales	-1 C	h		
		nbursement Request:		
Books and scho (must submit orig		Spring Sum	mer Year	Total Amount Paid \$
(
Notes:				
AGREEMENT	Γ:			
	1 1 1	16 1 4 1	1 41 .	
_		_		indicated by the donor's horized to reimburse fees set
				es). I will be responsible for fees
that are not au	_			ving expenses, or transportation
expenses.				
Student's Signa	ture			Date

Please allow 4 to 6 weeks for processing.

The Coastline Community College Foundation office has postponed disbursements using the *Higher One MasterCard Debit Card* and will continue to issue payments by check. In order to receive your scholarship disbursement or reimbursement, you must complete this form. All checks will be mailed to the address on file, or a student may request to pick up the check at the Business Office, located on the second floor at the Administrative Services building at 11460 Warner Ave, Fountain Valley, CA. Please call (714) 241-6154 for questions. Forms may be submitted by email to alopez@coastline.edu; by fax: (714) 241-6277; or in person at the Foundation Office, located on the second floor, 11460 Warner Ave, Fountain Valley, CA 92708.